

Submit 3 Copies
to Appropriate
District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

WELL API NO. 30-025-32303
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No. FEE LEASE
7. Lease Name or Unit Agreement Name BROWNLEE
8. Well No. # 2
9. Pool name or Wildcat EUMONT (Y,SR,QN) PRO GAS
10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3531' GR

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT"
(FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☒ OTHER

2. Name of Operator
MERIDIAN OIL INC.

3. Address of Operator
P.O. Box 51810, Midland, TX 79710-1810

4. Well Location
Unit Letter I : 1948' Feet From The SOUTH Line and 660' Feet From The EAST Line

Section 25

Township 21S

Range 36E

NMPM LEA

County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
3531' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: SPUD & SET SURFACE CSG ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

3/1/94: SPUD. DRLD A 12 1/4" HOLE TO 435'. RAN 11 JTS OF 8 5/8" 28# K-55 BTC CSG AND SET AT 435'. USED FOUR CENTRALIZERS. CMTE W/375 SXS 'C' + 2% CACL2. CIRC. 84 SXS. WOC 13.5 HRS. BMPED PLUG 500 PSI. OK

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

TITLE PRODUCTION ASSISTANT

DATE 4/4/94

TYPE OR PRINT NAME DONNA WILLIAMS

TELEPHONE NO. 915-688-6943

(This space for State Use)

APPROVED BY

TITLE

Orig. Signed by
Paul Kautz
Geologist

DATE

APR 13 1994

CONDITIONS OF APPROVAL, IF ANY: